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STATISTICAL BULLETIN
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NINETEEN THIRTY THE BEST HEALTH YEAR

The people of the United States and Canada enjoyed better health in 1930 than ever before. This is clearly true of the industrial wage-earning population of the two countries as is indicated by the mortality statistics of the many million Industrial policyholders of the Metropolitan Life Insurance Company. The deathrate for the insured, ages one and over, was only 8.3 per thousand, or 6.6 per cent. less than in 1929 and 1.1 per cent. less than in 1927, when the previous minimum death rate was established. With only a few minor exceptions, every disease showed a sizeable decline during the year and a considerable number registered a new minimum for all time. Every month but two showed a lower deathrate than in the corresponding month of the preceding year and six, namely, January, March, May, June, November and December, each recorded a new minimum. This favorable condition prevailed not only in all sections of the United States but in Canada as well.

The low deathrate for the year 1930 was all the more remarkable in the face of the unfavorable business conditions which prevailed. Unemployment, with its heavy incidence among the industrial classes, is not conducive to low mortality rates. That the country's health was not immediately affected may be due to the fact that the depression followed closely upon a long period of employment at high wages, which made it possible for many families to avoid distress by falling back upon their savings. The organization of excellent relief work in most places has also retarded the effects of unemployment upon the health of families. These items, together with the favorable weather conditions of last year and the absence of serious epidemics, doubtless operated to make 1930 the excellent health year that it was.

Lives Saved as the Result of Reduced Mortality

If the 1911 deathrate of 12.5 per 1,000 had prevailed in 1930, 227,835 Metropolitan Industrial policyholders would have died during

the year. Instead, the deaths numbered only 151,510, and the saving in lives amounted to 76,325. More than one-third of this saving (26,128) was accomplished through the reduction in tuberculosis alone; one-eighth (9,606) is accredited to the decline in pneumonia; and one-ninth (8,472) to that for the four principal diseases of childhood, measles, scarlet fever, whooping cough and diphtheria. In addition there were 3,708 fewer deaths from typhoid fever than if the 1911 deathrate for that disease had prevailed; 3,642 and 2,759 less deaths from diarrheal conditions and accidents respectively. The saving of approximately three-fourths of these 76,325 lives may be credited to the reduced deathrate during the last twenty years from preventable diseases—the very diseases which have been the chief points of attack by the public health movement.

The above are the major aspects of the health record of 1930. We may now discuss in greater detail what has happened both in that year and in a period of years with respect to the more important diseases and conditions causing death.

Tuberculosis Again at a New Minimum

In 1930, the reduction of the tuberculosis deathrate to a new minimum was again the outstanding public health fact of the year. Only twice since 1911 (in 1918 and 1926) has the tuberculosis mortality rate for any year failed to decrease from that for the one immediately preceding. The rate, in 1930, was 80.9 per 100,000. This is 7.3 per cent. below the previous low point (87.3)—established in 1929; it marks a reduction of 41.3 per cent. as compared with 1920; it is 59.1 per cent. below the figure for 1915 and 64.0 per cent. below that for 1911. In other words, for every three lives lost from tuberculosis per 100,000 policyholders nineteen years ago, but one life was sacrificed last year. The record for tuberculosis of the respiratory system (which causes almost nine-tenths of the deaths due to all forms of tuberculous disease), is even more impressive. The new minimum, in 1930, was 71.0 per 100,000; the decline in a single year was 8.6 per cent. and the reduction as compared with 1911 was 65 per cent.

Particularly gratifying features of the improvement are the reductions in all parts of the country, in both cities and rural districts, among the colored people as well as the white, and, in all probability in every occupation and industry. But the greatest measure of success in the fight against tuberculosis has been achieved among the wage-earning populations of the cities, and it is in this element of the population that the situation has always been the most serious. In previous

numbers of the STATISTICAL BULLETIN, we have stated that there is good prospect that the tuberculosis deathrate of insured wage-earners will decline to, or below, forty per 100,000 by 1940. This will necessitate a further reduction of 50.6 per cent. in the next ten years. The chances are good that this will be accomplished.

The reduction in the tuberculosis mortality rate has important economic and social consequences. Foremost among these is the lightening of the family burden resulting from the long periods of disability which precede death from tuberculous disease. Among white male wage-earners, for example, the highest tuberculosis mortality rate was experienced in 1911 at age thirty-nine; by 1921, the point of maximum had moved upward to age forty-five; and in 1929, it was close to fifty-four years. Thus the heaviest tuberculosis burden has been shifted, within two decades, to a period well up in "middle life," and to a time in the life of the breadwinner when his children are usually capable of self-support.

Typhoid Fever

The typhoid fever deathrate was identical with that for 1929, and was the lowest in the history of the Industrial policyholders. As compared with the rate of twenty years ago, the decline amounts to 89.5 per cent., or to more than that shown by any other disease. For every ten deaths per 100,000 lives at risk that occurred in 1911 only one death was recorded in 1930. The actual number of deaths in 1930 was 438, to which would have been added 3,708 had the 1911 typhoid deathrate prevailed last year. The problem of typhoid control is now almost entirely one of rural sanitation; and in the country districts, as well as in the cities, wider extension of control measures is sure to result in a further decline in the deathrate.

New Low Deathrates for the Communicable Diseases of Childhood

In no previous year has there been even a close approach to the remarkable record of 1930 for measles, scarlet fever, whooping cough and diphtheria. Not only did the combined mortality from these four diseases decline 26 per cent. in a single year, but each of the four registered a new low deathrate. Comparison with the year 1911 shows a 79 per cent. drop in the combined mortality of the group, a decline of 81 per cent. for measles and for scarlet fever, of 73 per cent. for whooping cough, and 79 per cent. for diphtheria.

Diphtheria

The diphtheria deathrate, in the brief space of three years, has been practically cut in half! In a single year it has been reduced more than one-third! And since 1911 the rate has dropped four-fifths! The per cent. decline in the diphtheria deathrate outranks even that for tuberculosis. As an exemplar of what it is possible to accomplish in the control of a communicable disease, diphtheria takes precedence over every condition save typhoid fever alone. The deathrate has now declined to a point where the disease may no longer be ranked as a scourge of childhood. As the ever-increasing use of toxin antitoxin continues to render more and more children immune to diphtheria, and as *early* antitoxin treatment saves more children who have contracted the disease, we may confidently look forward a relatively few years when diphtheria will be a negligible factor in our mortality. Deaths from diphtheria today are due almost altogether to ignorance or carelessness on the part of parents. When they will immunize their children through inoculation, diphtheria will be virtually out of the picture of children's afflictions.

Influenza and Pneumonia

In sharp contrast with 1929, there was no serious outbreak of influenza during 1930. The deathrate for this disease (13.1 per 100,000) was lower than for any year, with a single exception, since the great pandemic of 1918–1919. The mortality rate for influenza and pneumonia combined (75.6) is absolutely the lowest ever experienced among these millions of insured persons; so also is that for pneumonia separately (62.5). The unprecedentedly low mortalities for these diseases have been very important factors in bringing the general deathrate of 1930 down to a minimum for all time.

Cancer Mortality Registers a Small Increase

For the greater part of the year, there were indications that, at last, the rise in the cancer deathrate which had been continuous for years, had been checked. In the very last month of 1930, however, an unusually large number of cancer deaths were reported and the high deathrate for that month was more than sufficient to wipe out the slight improvement which had been noted up to the close of November. Nevertheless, the rise of four tenths of one per cent. during the year is so small as to be of no significance. Possibly, there is some satisfaction in the retarded rate of increase during the last two years. But there is still no indication that the riddle of cancer is approaching

solution. The deathrate of Industrial policyholders in 1930 shows an increase of 16.3 per cent. over the figure of nineteen years ago, and we estimate that 2,022 more deaths from malignant growths occurred among these people than would have been recorded if the deathrate of 1911 had continued.

No Change Since 1929 in Diabetes Deathrate

The mortality rate for diabetes (18.6 per 100,000) is identical with that for 1929 and is the highest we have ever recorded. An upward trend has been observed in diabetes mortality for many years; but the rise during the decade just closed has been more pronounced than ever. Obviously, the increasing use of insulin has failed to check the rise, although, beyond question, it has prolonged the lives of thousands of diabetics. Since its introduction the mortality has declined among males up to age forty-five, with practically no change between forty-five and sixty-five and a considerable rise after age sixty-five. Among females the mortality has dropped somewhat up to age thirty-five, has increased slightly between thirty-five and forty-five years, and sharply after age forty-five. The diabetes deathrate in 1930 was 39.8 per cent. higher than in 1911, and 961 more of the insured died of this disease than if the 1911 deathrate had prevailed.

A Drop in the Mortality from the Principal "Degenerative" Diseases

The mortality from both heart disease and chronic nephritis (Bright's disease) dropped slightly in 1930. These declines were doubtless due, in large measure, to the lower incidence of influenza and pneumonia.

Despite the decline in 1930, heart disease still stands, far and away, the leading cause of death in the industrial population. It was responsible in 1930 for more than one-sixth of the mortality from all causes. With the single exception of that for 1929, the 1930 deathrate (146.4 per 100,000) was the highest we have ever recorded. There are, nevertheless, distinctly encouraging aspects in connection with the mortality from cardiac disease. In 1929, for example, the STATISTICAL BULLETIN directed attention to the observed drop in the cardiac deathrate among children and for young adults, that is, up to age forty-five. This favorable development is no doubt the reflection of such public health efforts as increased school medical inspections, the growing interest of industrial hygiene in the prevention of heart disease, and, more than all, of the widespread preventive and therapeutic efforts that have been made against cardiac affections. The preventive side of the problem of heart disease is largely

concerned with these early ages when cardiac impairments are often acquired as sequelæ of acute rheumatism, scarlet fever, diphtheria, typhoid fever, syphilis and focal infections.

But, after age forty-five, there has been a persistent rise in the heart disease deathrate—especially among males. The cardiac conditions of later life are for the most part of the hypertensive or arteriosclerotic type, and reflect, perhaps, the ever-increasing stress of conditions more or less inherent in our modern life. In our judgment the good that will ultimately come out of the declining cardiac mortality in early life more than counterbalances the upward trend in the higher age ranges. After all, it is not surprising to see the mortality from these conditions increase in old age, where about sixty per cent. of the deaths from chronic cardiac disease occurs. Many deaths which are classified in the heart disease totals are actually due to "senile hearts" and occur at an age when degeneration of the cardio-vascular system may be expected to occur and in which the heart impairment is merely an accompaniment of the breaking down of the whole organism. As the life span continues to increase in the United States and Canada more people, year after year, will attain ages in which their ultimate deaths are very apt to be reported as due to "heart disease."

The chronic nephritis mortality rate has shown little variation for more than a decade. It was, nevertheless, 27.5 per cent. lower in 1930 than in 1911; and had the rate for the earlier year prevailed, there would have been 4,743 deaths in addition to the 12,531 charged to this disease in 1930. Chronic nephritis was responsible in 1930 for one-twelfth of the mortality from all causes of death combined.

New Minimum for Diseases of Pregnancy and Childbirth

For the third successive year, a new minimum has been established for puerperal diseases. The rate for 1930 was 12.3 per 100,000. This means a reduction of 10.9 per cent. since the year before and 37.9 per cent. since 1911. Had the deathrate of 1911 prevailed in 1930, there would have resulted 1,371 more deaths from these diseases than actually occurred.

Despite this improvement among insured mothers, their mortality from puerperal conditions is needlessly high, as it is for women generally throughout the country. The maternal deathrate for American women is running at 7.0 deaths per 1,000 live births, a figure which may be compared with 4.4 in England and 3.1 in Denmark. There is really no good reason why other countries should have lower rates than prevail here. We have estimated that 10,000

of the 16,500 deaths which occur each year, could be prevented if expectant mothers received the same type of care that is made available by the MATERNITY CENTER ASSOCIATION OF NEW YORK CITY and by other agencies which have concentrated on the care of pregnant women. It is a very significant achievement that poor women under the care of the Maternity Center Association should show a maternal mortality rate of only 2.4 per 1,000 live births and that stillbirths and the deaths of infants in the first month of life should show corresponding declines as compared with the rest of the community.

Low Deathrate for Diarrhea and Enteritis

Although the death rate for diarrheal complaints increased fractionally in 1930, the mortality from these diseases, at all ages combined, is still practically at the minimum. The chief interest in the death rate from these diseases, however, attaches to infants under one year of age who are not included in this report. The facts are available, nevertheless, for deaths of insured infants, in 1930, up to the end of September. The figures show a considerable decline from the previous minimum of last year. The reduction is in evidence for both white and colored infants. A declining deathrate from infantile diarrhea is an excellent index of improved domestic and community sanitation. Among these insured infants it is also a reflex, doubtless, of the Metropolitan's programme of health education among its policyholders.

Alcoholism Mortality Declines

The deathrate from alcoholism declined to 3.2 per 100,000, from 3.5 in 1929. The rate from cirrhosis of the liver rose from 6.6, in 1929, to 6.8, in 1930.

Suicides Increased Markedly

The suicide deathrate increased from 8.7 per 100,000 in 1929 to 9.8 in 1930—or 12.6 per cent. While the 1930 rate is the highest registered in recent years it is well below the level recorded among the industrial population from 1911 to 1916. If, indeed, the 1911 deathrate of 13.3 per 100,000 had prevailed in 1930, the deaths in the latter year would have been increased by 628.

Deaths from Accidents Decline

There were fewer fatal accidents than in 1929, and with a single exception (accidental falls) the deathrate for every type of accident

decreased. For some unexplained reason, the mortality from falls has now increased for two successive years, and the 1930 deathrate (9.5 per 100,000) is the highest since 1918.

Metropolitan Life Insurance Company
Deathrates per 100,000 for Principal Causes. Weekly Premium-paying Business in Industrial Department. 1911 and 1920 to 1930. (Ages One and Over)

Cause of Death	1930*	1929	1928	1927	1926	1925	1924	1923	1922	1921	1920	1911
All Causes of Death	833.2	891.9	869.3	842.2	885.7	846.3	848.0	897.1	882.9	870.6	989.4	1253.0
Typhoid fever	2.4	2.4	2.7	4.7	4.2	4.6	4.4	5.2	5.7	6.7	6.7	22.8
Communicable diseases of childhood	12.3	16.7	19.0	19.7	25.9	19.7	26.2	33.1	29.8	37.9	43.1	58.9
Measles	2.2	2.4	4.2	3.4	8.0	2.5	5.7	8.4	4.3	3.2	8.5	11.4
Scarlet fever	2.5	2.7	2.6	3.0	3.4	3.4	4.3	4.4	4.9	7.0	6.0	13.1
Whooping cough	1.9	3.0	2.7	3.1	5.0	3.6	3.5	4.8	2.6	3.9	6.6	7.1
Diphtheria	5.7	8.6	9.5	10.2	9.5	10.2	12.7	15.5	18.0	23.8	22.1	27.3
Influenza and pneumonia	75.6	111.7	94.8	78.7	105.6	88.3	84.4	107.7	95.3	76.5	159.5	131.2
Influenza	13.1	37.7	22.0	15.7	27.4	19.4	14.2	30.1	21.7	8.7	53.5	15.9
Pneumonia	62.5	74.0	72.8	63.0	78.2	69.0	70.2	77.6	73.7	67.8	106.1	115.3
Poliomyelitis	1.1	.6	1.2	2.0	.7	1.4	1.0	.7	.9	1.7	1.0	1.6
Tuberculosis—all forms	80.9	87.3	90.6	93.8	99.5	98.2	104.4	110.5	114.2	117.4	137.9	224.6
Tuberculosis of respiratory system	71.0	77.7	80.0	83.0	87.9	87.0	93.4	100.6	103.6	105.6	124.0	203.0
Cancer—all forms	79.1	78.8	77.0	75.6	75.1	71.8	71.5	72.7	72.0	71.7	69.8	68.0
Diabetes mellitus	18.6	18.6	17.9	17.1	17.0	15.5	15.1	16.2	17.2	15.5	14.1	13.3
Alcoholism	3.2	3.5	3.3	3.5	3.7	3.0	2.9	3.0	2.1	.9	.6	4.0
Cerebral hemorrhage, apoplexy	61.0†	58.9	57.6	56.0	56.5	54.4	61.1	61.9	62.9	62.1	61.3	64.2
Diseases of heart‡	146.4	149.0	144.4	134.7	136.4	128.7	125.2	128.7	126.7	117.4	117.0	141.8
Diarrhea and enteritis	8.0	7.9	8.7	9.1	10.5	12.3	11.3	11.1	10.8	14.2	15.8	28.0
Chronic nephritis (Bright's Disease)	68.9	70.6	71.8	70.8	74.9	71.2	66.5	69.6	70.3	68.0	70.8	95.0
Puerperal state—total	12.3	13.8	14.2	15.7	15.6	16.9	17.2	17.9	19.0	19.8	23.0	19.8
Total external causes	78.8	80.6	77.8	79.8	77.2	78.3	76.9	77.8	71.8	72.0	72.0	97.9
Suicides	9.8	8.7	8.5	8.4	7.8	7.0	7.3	7.4	7.5	7.6	6.1	13.3
Homicides	6.8	6.7	6.8	7.4	7.2	7.4	7.2	7.3	6.3	6.7	5.8	7.3
Accidents—total	62.2	65.2	62.5	63.9	62.3	63.9	62.4	63.0	58.1	57.6	60.1	77.4
Accidental burns	4.5	4.9	5.3	5.3	6.1	6.1	6.4	6.3	6.1	6.6	8.1	8.8
Accidental drowning	5.4	6.5	7.1	6.8	6.3	6.5	7.3	6.7	7.3	8.2	6.7	10.2
Accidental traum. by fall	9.5	9.1	8.0	8.5	7.9	8.1	7.7	8.4	7.3	7.1	7.3	13.2
Accidental traumatism by machines	1.2	1.6	1.2	1.4	1.4	1.3	1.3	1.7	1.6	1.0	1.7	1.8
Railroad accidents	3.0	3.9	3.9	4.1	4.2	4.0	4.0	4.9	4.1	3.9	5.2	9.5
Automobile accidents	21.0	21.3	18.7	18.7	17.0	16.8	15.9	15.4	13.6	12.2	11.1	2.3
All other accidents	17.6	17.8	18.3	19.1	19.4	21.2	19.7	19.5	18.1	18.6	20.0	31.6
Other diseases and conditions	184.6	191.5	188.3	181.0	183.6	183.4	180.9	181.7	185.1	190.5	197.8	283.5

*All 1930 deathrates subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Rate for 1930 not comparable with those for other years, due to changes in classification procedure

‡Excluding pericarditis, acute endocarditis, acute myocarditis and angina pectoris.

A Drop in Automobile Fatalities

For the first time in twenty years, a decline was recorded in the mortality from automobile accidents among these Industrial policyholders. The drop was small, only 1.4 per cent, and is probably of little significance. Other estimates for the population as a whole would seem to indicate that there has been a slight rise. If this is confirmed, it probably indicates that the automobile deathrate has continued to rise in the rural areas of the country and that this has more than compensated for the improvement in the cities where the Industrial policyholders of this Company live. It should be kept in mind that the year 1930 has seen a smaller increase than previous years in the number of cars on the road. This may account for the relatively slight rise, if any, that has taken place during the year in fatal automobile accidents.

*The Mortality Records of the Industrial and General Populations, 1911 and 1929, Compared**

The improvement in the deathrate among Metropolitan Industrial policyholders has continued to be much greater than in the general population of the United States. The latest year for which the statistics of the Registration States are available is 1929. Comparing the facts for the policyholders with those for the general population we find that the 1929 deathrate among the former declined 28.8 per cent. as compared with that for 1911 and only 11.9 per cent for the latter. A part of the improvement among the insured is due to the generally improving health conditions which have prevailed in the entire population. But there has been, nevertheless, a net saving of 38,883 lives in the year 1929 alone, and of 398,250 lives in eighteen years *over and above* the saving expected from the decline in the mortality of the general population.

HEALTH RECORD FOR DECEMBER, 1930

December, 1930 registered a lower deathrate than any previous December. The rate was 8.4 per 1,000 as compared with 8.9 for December, 1929. While the usual seasonal increase in the mortality rate is in evidence, the rise during recent months has been more moderate than is usual for this period of the year.

The deathrate in the general population of the large cities of the United States in December was 11.9 per 1,000 population as compared

*Comparison between the deathrate of the Metropolitan Industrial policyholders and the United States Registration States relates to ages one to seventy-four for the general population and ages one and over for the insured.

with 11.8 for November and 13.3 for December 1929. There was more sickness than in November from influenza, measles, scarlet fever and smallpox, but there were fewer cases of diphtheria, poliomyelitis and typhoid fever. Compared with December 1929, the only diseases which showed increased prevalence in 1930 were poliomyelitis and typhoid fever. These comparisons are based on the number of cases reported during the first four weeks of November and December 1930, and December 1929.

Diphtheria cases, as reported from 36 states, numbered 4,847 in December as compared with 5,798 in November. The most marked reductions were noted in Michigan, South Carolina, Tennessee and Mississippi. In the State of New York, an increase was shown, but the number of cases was remarkably low for this time of the year. Measles cases, according to reports from 26 states, increased to 7,902 from 4,838 in the previous month. The more noteworthy increases were in Massachusetts, Indiana, Illinois and California. Scarlet fever cases, in 43 states, numbered 13,213 in December as compared with 11,403 in November, with the larger increases in Massachusetts, Rhode Island, Connecticut, New York and New Jersey.

There was a marked decrease in sickness from poliomyelitis during December. The decline was general throughout the country, but was most marked in New York, Ohio, Kansas and California.

Reports from 19 states show an increase in cases of influenza from 3,641 in November to 4,474 in December. The most marked increase was in South Carolina but there was much more sickness also in Tennessee and California.

Among the outstanding health activities of the month are the following: The State Board of Health of Georgia has secured the cooperation of the United States Public Health Service to make a study of trachoma in Southwest Georgia. The work has already started. The New York State Department of Health has put into commission two mobile milk laboratories. Two large buses have been fitted up with all the equipment needed to make the required tests of milk and cream.

The following table shows the mortality among Industrial policyholders for December, 1930; November, 1930, and December, 1929, together with the cumulative deathrate for the years 1930 and 1929.

METROPOLITAN LIFE INSURANCE COMPANY

Deathrates* per 100,000 for Principal Causes, Premium-Paying Business in Industrial Department (Annual Basis)

MONTHS OF DECEMBER, 1930; NOVEMBER, 1930, AND OF DECEMBER, 1929

CAUSES OF DEATH	RATE PER 100,000 LIVES EXPOSED*				
	Dec. 1930	Nov. 1930	Dec. 1929	Year 1930	Year 1929
TOTAL—ALL CAUSES	844.6	765.3	886.8	870.2	934.2
Typhoid fever	2.8	2.6	2.1	2.4	2.4
Measles	1.1	.2	1.8	2.8	3.0
Scarlet fever	1.9	2.0	3.4	2.5	2.7
Whooping cough	2.8	2.3	3.3	4.3	5.7
Diphtheria	6.7	5.7	10.6	5.9	8.8
Influenza	13.2	10.7	20.9	14.7	41.9
Tuberculosis (All forms)	69.5	64.9	75.6	80.5	86.9
Tuberculosis of resp'y system	61.7	57.3	67.5	70.1	76.7
Cancer	79.1	71.3	76.6	77.9	77.6
Diabetes mellitus	17.8	16.1	17.0	18.3	18.3
Cerebral hemorrhage	63.9	55.4	58.9†	60.2	58.0†
Organic diseases of heart	146.9	130.1	147.3	144.3	146.8
Pneumonia (All forms)	75.8	66.6	89.7	75.4	88.6
Other respiratory diseases	11.6	9.3	11.0	10.9	11.7
Diarrhea and enteritis	10.6	19.0	13.0	20.3	20.8
Bright's disease (Chronic nephritis)	68.4	60.7	66.9	67.8	69.4
Puerperal state	9.8	8.6	11.6	12.1	13.6
Suicides	9.4	9.6	7.6	9.7	8.5
Homicides	7.1	5.8	7.0	6.7	6.6
Other external causes (excluding suicides and homicides)	59.5	53.5	66.9	62.2	65.2
Traumatism by automobiles	21.4	21.1	21.8	20.7	21.0
All other causes	186.7	171.0	195.6	191.3	197.7

*All figures in this table include insured infants under one year of age. The rates for 1930 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Rate not comparable with that for 1930.

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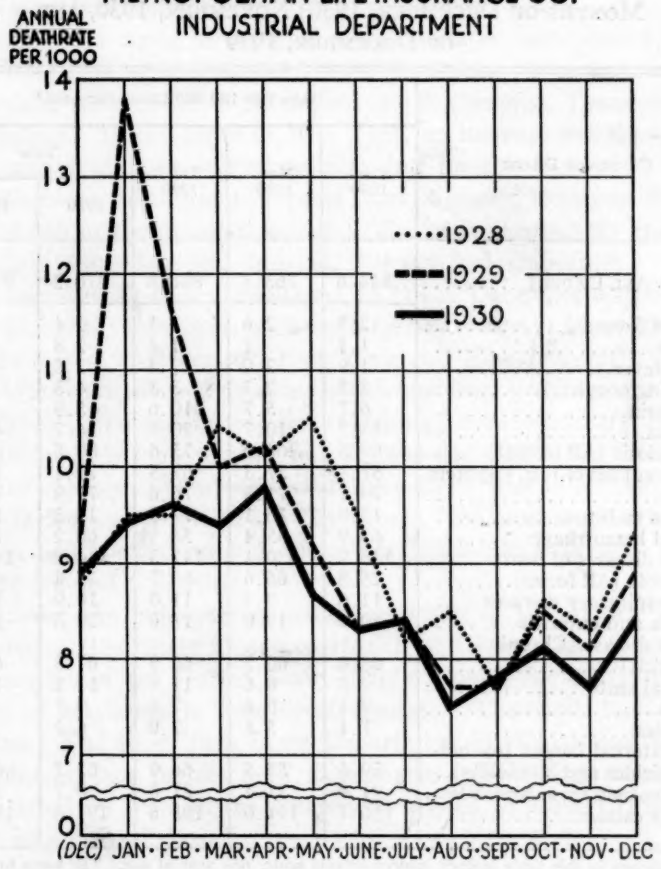

1928*	9.5	9.5	10.4	10.1	10.5	9.5	8.2	8.5	7.7	8.6	8.3	9.3
1929*	13.8	11.6	10.0	10.2	9.2	8.3	8.4	7.7	7.7	8.5	8.1	8.9
1930	9.4	9.6	9.4	9.8	8.7	8.3	8.4	7.5	7.8	8.1	7.7	8.4

* Rates for 1928 and 1929 are final.

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